Health and Human Services Commission

Purchase Order

| | | Iu | rcnase | Order | | Dienst | tch via Prin |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Vi BEST V | | Burchass Order | | HHSTX-4-00 | |
| If advertised by inform | nal bid, Invitation for Offer, or R | equest for Proposal | l; all | Purchase Order Date 09/01/23 | Revision | 111017-4-00 | Page |
| specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | Ship To: | 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States | | | | |
| VOI 855: WIC | 81085093 4 DICE PRODUCTS INC 55 E 32ND ST N ICHITA KS 672262611 iited States | | | Bill To: | Invoice - DADS HEALTH & HUMAN SERVICES COMMISSIO 4001 Highway 36 South Brenham TX 77833 United States | | MMISSION |
| | | | | Fax: Email: | 979/277-1865 712Accounting@ | hhs.texas.gov | |
| | | | | Purchaser: | Wilson,Madisor | | |
| Line-Sch Invento | ory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| Lead Contact Èmail Lead Contact Phon Contract Manager N Contract Manager E Contract Manager F Ship to Attn: Christii | lame: CHRISTINE CRUZ mail: christine.cruz@hhs.texa hone: 361-888-5301 ext 7507 | ov s.gov | | | | | |
| 902 Airport Rd Corpus Christi, TX 7 | 78405 | | | | | | |
| HHSC BUYER: Madison Wilson, C1 254-744-4512 Madison.wilson@hł | | | | | | | |
| VENDOR: Voice Products Inc 1-800-466-1152 dtullis@voiceproduc | cts.com | | | | | | |
| DIR CONTRACT # | DIR-CPO-5060 | | | | | | |
| QUOTE # Invoice A | R110543 | | | | | | |
| | THOD: IT/I (DIR Contract) ler the Authority of TGC 2157. | 068(e) | | | | | |
| The quantities show not ordered and rec | IMITATIONS: ncreased or decreased upon n n are estimates only and do n eived by August 31, 2024, will ces are to be delivered and inv | ot constitute a gu be considered ca | arantee of pu ancelled. | urchase. Any quantitie | 95 | | |

Health and Human Services Commission

Purchase Order

| Payment Terr | | Ship Vi | | Dural and Dural | | HHSTX-4-0 | tch via Prin |
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| Vendor: 14 V(85 W | 1481085093 4 VOICE PRODUCTS INC 8555 E 32ND ST N WICHITA KS 672262611 United States | | | Bill To: | United States Invoice - DADS HEALTH & HUN 4001 Highway 36 Brenham TX 778 United States | | OMMISSION |
| | | | | Fax: Email: | 979/277-1865 712Accounting@ | hhs.texas.gov | |
| | | | | Purchaser: | Wilson,Madison | Faith | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| orrectional | Industries. Agency will not order capital | or controlled as 961-72 | | | 5000.00000 | \$5,000.00 | 09/01/2023 |
| | TRANSCRIPTIONS | | | | edule Total | \$5,000.00 | |
| | | | | Scii | euule Total | \$5,000.00 | |
| VENDORS SI | CONTACT GABRIELLE FINZEL or CHI END INVOICES VIA EMAIL TO: 712acco | | as.gov | | | | |
| Vendor Name: Vendor ID: 14 Vendor Contae Vendor Phone | END INVOICES VIA EMAIL TO: 712acco : VOICE PRODUCTS INC | | as.gov | | | | |
| Vendor Name: Vendor ID: 14 Vendor Contac Vendor Phone Vendor Email: Lead Contact (Lead Contact 1 | END INVOICES VIA EMAIL TO: 712acco : VOICE PRODUCTS INC :81085093 ct: DEAN TULLIS : 1-800-466-1152 | ounting@hhs.tex; | as.gov | | | | |
| Vendor Name: Vendor ID: 14 Vendor Contac Vendor Phone Vendor Email: Lead Contact 1 Lead Contact 1 Lead Contact 1 Contract Mana Contract Mana | END INVOICES VIA EMAIL TO: 712acco : VOICE PRODUCTS INC :81085093 ct: DEAN TULLIS : 1-800-466-1152 : dtullis@voiceproducts.com (Program SME) Name: GABRIELLE FINZ Email: gabrielle.finzel@hhs.texas.gov | ounting@hhs.tex; | as.gov | | | | |
| Vendor Name: Vendor ID: 14 Vendor Contact Vendor Email: Lead Contact 1 Lead Contact 1 Lead Contact 1 Contract Mana Contract Mana Contract Mana | END INVOICES VIA EMAIL TO: 712acco : VOICE PRODUCTS INC 81085093 ct: DEAN TULLIS : 1-800-466-1152 : dtullis@voiceproducts.com (Program SME) Name: GABRIELLE FINZ Email: gabrielle.finzel@hhs.texas.gov Phone: 361-888-5301 ager Name: CHRISTINE CRUZ ager Email: christine.cruz@hhs.texas.gov | ounting@hhs.tex; | as.gov | | | | |
| Vendor Name: Vendor ID: 14 Vendor Contac Vendor Phone Vendor Email: Lead Contact 1 Lead Contact 1 Lead Contact Mana Contract Mana Contract Mana SCOR Divisio PCS Email PC Christine.cruz | END INVOICES VIA EMAIL TO: 712acco : VOICE PRODUCTS INC :81085093 ct: DEAN TULLIS : 1-800-466-1152 : dtullis@voiceproducts.com (Program SME) Name: GABRIELLE FINZ Email: gabrielle.finzel@hhs.texas.gov Phone: 361-888-5301 ager Name: CHRISTINE CRUZ ager Email: christine.cruz@hhs.texas.gov ager Phone: 361-888-5301 ext 7507 | ounting@hhs.tex; | as.gov | | | | |

Health and Human Services Commission

Purchase Order

| Payment Te | erms Freight Terms | Ship Via | | Dispatch via Print |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | HHSTX-4-0000326090 |
| If advertised specification | by informal bid, Invitation for Offer, or Requis, terms, and conditions set forth in the adve | uest for Proposal; all rtisement and vendor's | Date 09/01/23 | Revision Page 3 |
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| | | | Fax: Email: | 979/277-1865 712Accounting@hhs.texas.gov |
| | | | Purchaser: | Wilson,Madison Faith |
| Line-Sch | Inventory Item ID - Line Description | Class/Item Quantity | UOM | PO Price Extended Amt Due Date |
| REF: FY23 | PO 312901 | | | |
| | | | Item Total | for Line 1 \$5,000.00 |
| | | | Total P | O Amount \$5,000.00 |

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By

Madison Milson, CTCD

08/16/2023

Dispatch via Print